

COVID-19 GUIDANCE NOTE

PROTECTION FOR THOSE LIVING IN HOMELESSNESS

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Housing has become the frontline defense against the coronavirus. Home has rarely been more of a life or death situation.

Governments worldwide have invoked “stay home”, “self-isolate”, “physical distancing” and “wash your hands” policies to flatten the pandemic curve and decrease infection rates of Coronavirus. These policies are predicated on the assumption that everyone has a home with adequate sanitation services. For the 150 million or so people living in homelessness globally, this is not the case. Moreover, this medically high-risk population faces disproportionate health challenges and high rates of respiratory illness, increasing their susceptibility to disease, including the novel virus.

In the face of this pandemic, a lack of access to adequate housing is a potential death sentence for people living in homelessness and puts the broader population at continued risk. COVID19 has exposed the myth of individualism, revealing the ways in which our collective wellbeing depends not only on our own ability to “stay home”, but the ability of others to do the same.

Homelessness, including during a crisis, and irrespective of nationality or legal status, is a prima facie violation of human rights. The core protections provided by the right to housing, as well as the right to health and the right to food, are so fundamental to human dignity and the preservation of life that they can never be suspended, even in a state of emergency.

In this context, States must address the housing needs of homeless people on an urgent and priority basis to ensure their equal protection against the virus and the protection of the broader population. This will require cooperation between national and subnational governments, so that the necessary resources and capacities are available to ensure all efforts carried out to fight the pandemic are effective. States must take the following urgent measures, in keeping with their human rights obligations:

¹ This Guidance Note was developed through consultations with advocates and experts from Asia, Africa, Europe, North America and Latin America. This Guidance Note may be updated based on lessons learned, emerging concerns and good practices.

² Please ensure you are referring to the most recent version of this guidance note.

1. Immediately provide accommodation to all homeless people living 'rough' or on the streets with a view to transitioning them to permanent housing so that they do not return to a situation of homelessness once the pandemic is over. This may require procuring hotel or motel rooms, or repurposing buildings such as army barracks, or unused hospitals. Public authorities should be empowered to make available privately-owned vacant housing or secondary homes.
2. Ensure that women, children and youth who may need to leave a household due to violence do not fall into homelessness and are provided with adequate alternative accommodations that ensure safety and provide access to water/sanitation, food, social supports, health services and testing for COVID19.
3. Ensure emergency accommodations allows for physical distancing, self-isolation, quarantine and any other health recommendations issued by the World Health Organization to stop the spread of COVID-19. Residents must have access to privacy, water/sanitation, food, social and psychological supports, health services and testing for COVID19. Particular attention should be given to ensure the provision of adequate housing for families living in homelessness, women and children, persons with physical or psycho-social disabilities and persons at particular risk (over 65 years or with pre-existing health conditions). Separation of children from guardians or other family members supporting them, must always be avoided including when self-isolation of a family member in a separate room is required for disease control.
4. Where feasible and appropriate, governments should purchase available short and long-term housing units to ensure that homeless populations are housed during and after the pandemic and as a means of increasing their public assets.
5. Ensure all persons living in homelessness, regardless of where they are living, have access to non-discriminatory and cost-free health care and testing. There must also be widespread distribution of accessible, up-to-date information on COVID-19, including best health practices, government health policies and where and how health services may be accessed.
6. Guarantee access to public toilets, showers, and handwashing facilities and products for homeless persons living on the street who do not have access to private facilities. These facilities must be properly maintained with running water and soap on site at all times and must be regularly disinfected.
7. Provide homeless persons exhibiting virus symptoms, and those who test positive for coronavirus, with a safe place to stay, immediate medical attention, access to food, and

any necessary medical and other supports to ensure they can manage quarantine or self-isolation.

8. Ensure that homeless people are not criminalized, fined or punished in the enforcement of curfew or containment measures, and terminate law enforcement practices that increase the marginalization of people experiencing homelessness, including the apprehension of personal property or street ‘sweeps’.
9. Cease the forced eviction or dismantling of encampments of homeless people and recognize that in some instances encampments may be safer than other available accommodation, such as shelters. Residents of encampments must, however, be provided with the option of moving to alternate accommodation where self-isolation is possible. [For further recommendations regarding encampments please see [Guidance Note on Informal Settlements and Encampments](#)].
10. Emergency shelters with shared sanitation facilities and sleeping quarters – even where beds are 2 meters apart – will generally not be adequate “stay home” and “physical distancing” options. The shared nature of these facilities could contribute to the spread of the virus. Before such facilities are closed, however, adequate alternate accommodation for residents must be secured. As long as emergency shelters remain open, every effort must be made to keep safe all who reside, work or visit through reinforced hygiene measures, and the provision of personal protective equipment. For those testing positive for coronavirus within the shelter population, quarantine options with necessary support services must be made available.
11. Ensure that food banks, and other support services for homeless people, are included in the list of essential service providers and are allowed to continue and expand their services during a lockdown. Governments must ensure that service providers can have access to up-to-date health information, masks, hand sanitizers and any other necessary personal protective equipment required to safely continue providing support services.
12. In order to prevent spreading of COVID through homeless support services or foodbanks, WHO hygiene and social distancing recommendations should be applied as far as possible and a more decentralized delivery of services, including on-site support or “home” delivery should be considered. Closing essential services for persons in situation of vulnerability or in situation of homelessness without providing alternative forms of delivery, would violate essential international human rights obligations, including the right to food and the right to an adequate standard of living. The core protection offered by these rights can never be subject to permissible derogation even if a State of emergency has been declared.

13. Governments must not undertake any measures that might result in people becoming homeless, such as evictions. Evictions may only be permissible where they are necessary to protect household residents from harm from within the household, and those evicted must be provided with alternative accommodation.
14. Ensure access to justice for those individuals, families or communities that have experienced homelessness or have been evicted into homelessness and are seeking access to effective remedies.